



1/15

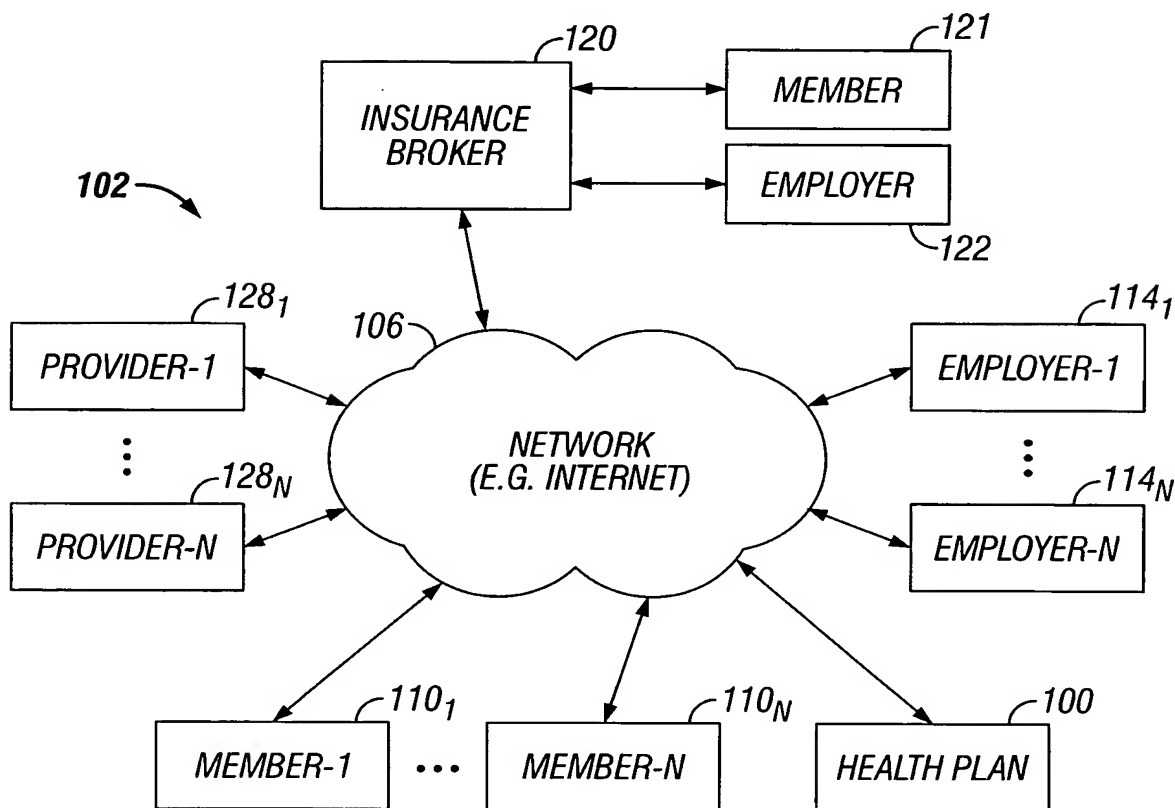


FIG. 1

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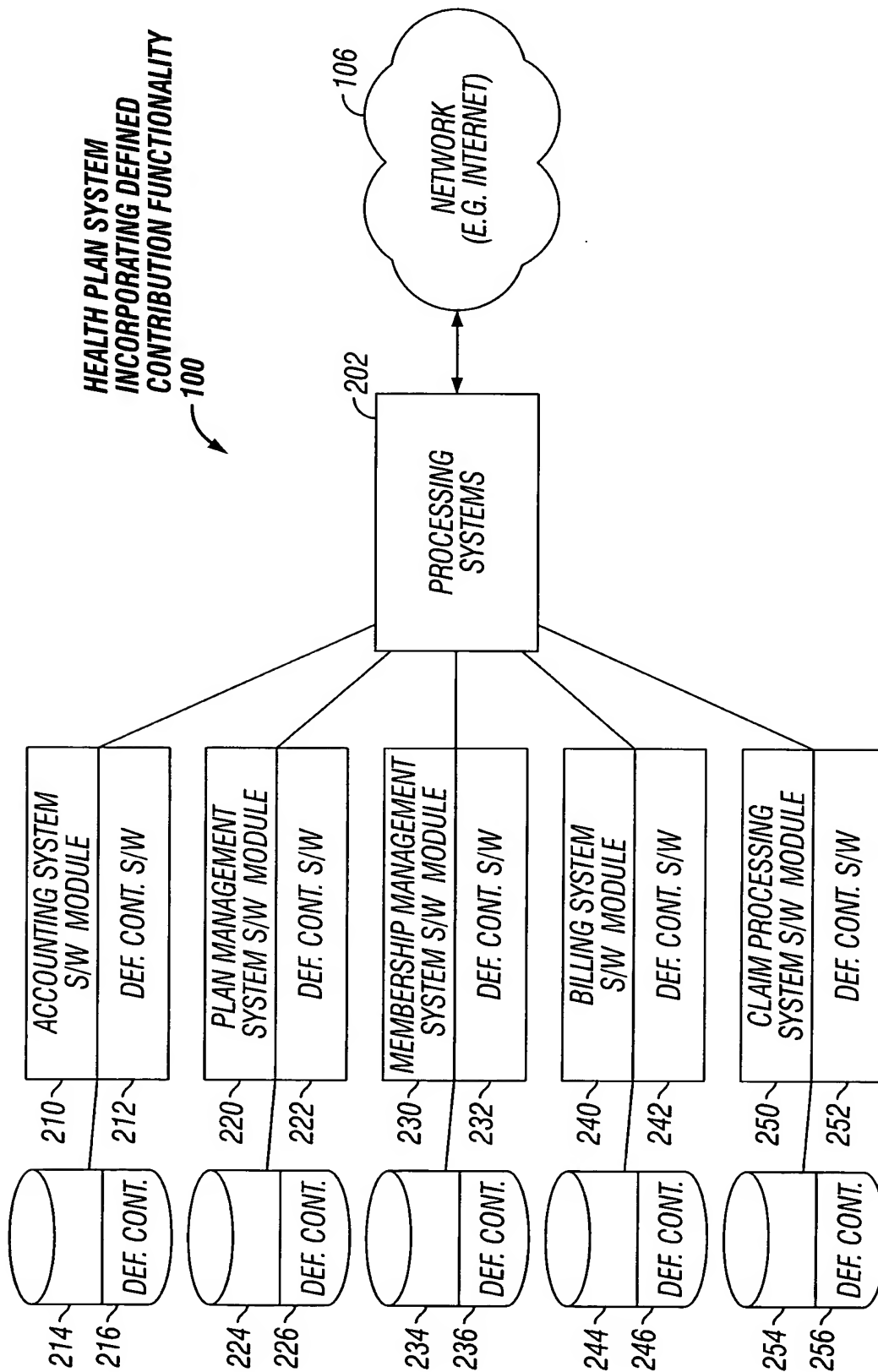


FIG. 2

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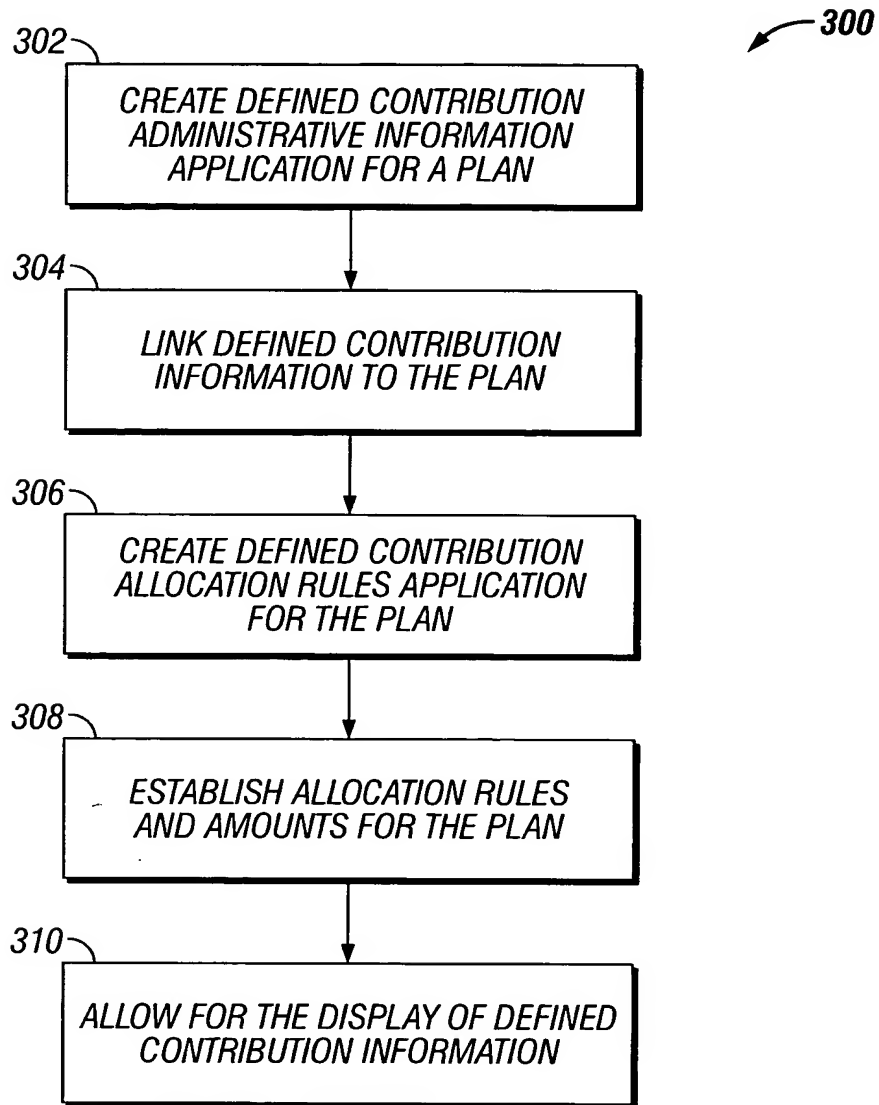


FIG. 3

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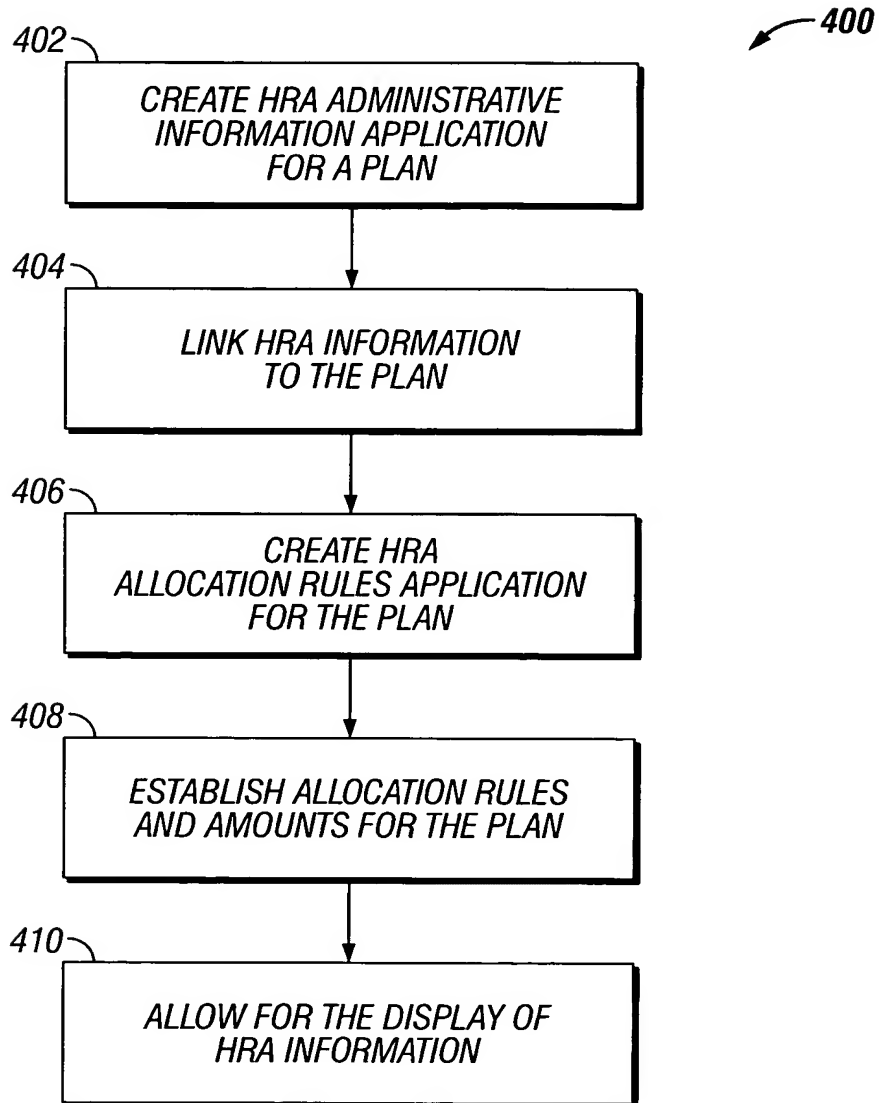


FIG. 4

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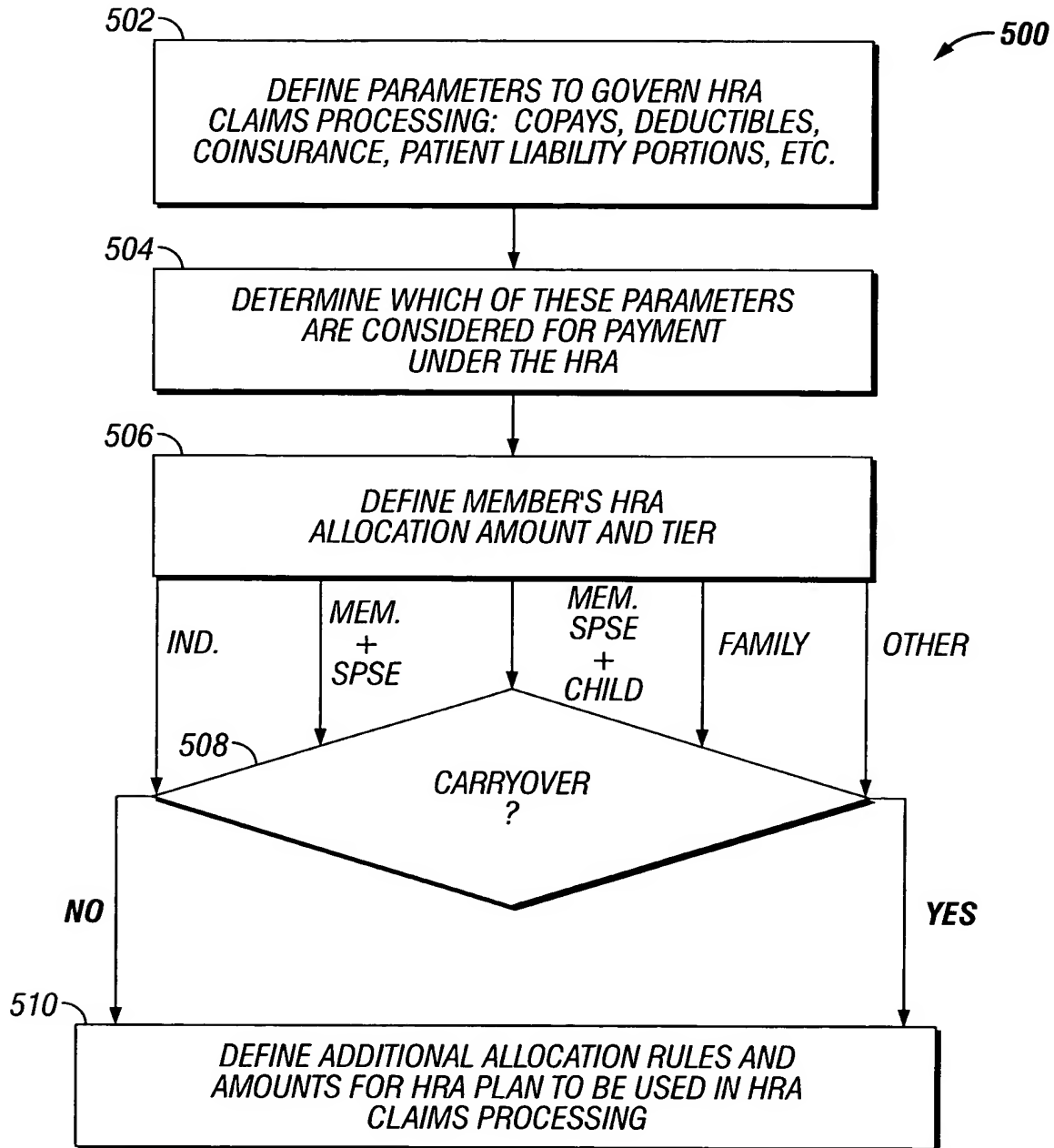


FIG. 5

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HRA ADMINISTRATIVE INFORMATION

EFFECTIVE DATE TERMINATION DATE

HRA/FSA PROCESSING ORDER PROCESS HRA CLAIMS FIRST

REIMBURSABLE EXPENSES 602

☐ DEDUCTIBLE
☐ COPAY
☐ COINSURANCE
☐ PATIENT LIABILITY DISALLOW

DISALLOW EXPLANATION CODE 612

COB CALCULATION INDICATOR 614

HRA ALLOCATION TABLE PREFIX 616

HRA QUALIFIED MEDICAL EXPENSE PREFIX 618

LINE OF BUSINESS ID NONE

ACCUMULATOR SUFFIX 620

COVERED PERCENTAGE 0.00

OK CANCEL HELP

600 604 606 610 612 614 616 618 620 622 624

FIG. 6A

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650

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❖ FACETS - [HRA ALLOCATION RULES - UNASSIGNED]

☐ ☐ ☐

FILE EDIT WINDOW HELP

APPLICATIONS
OPEN WORK

☐ HRA ALLOCATION RULES
☐ UNASSIGNED
☐ INDICATIVE

HRA ALLOCATION RULES - UNASSIGNED ☐

PREFIX UNASSIGNED

PREFIX DESCRIPTION

652

EFFECTIVE DATE

654

TERMINATION DATE

656

ALLOCATION METHOD 1=INDIVIDUAL, 2=SUB/SPOUSE, 3=SUB OR SPOUSE+1 CHILD, 4=FAMILY ☐

660

CARRYOVER CALCULATION NO CARRYOVER ☐

662

FAMILY LEVEL

668

ALLOCATION \$0.00

MAXIMUM CARRYOVER

DEDUCTIBLE \$0.00

INDIVIDUAL \$0.00

\$0.00

SUB/SPOUSE \$0.00

\$0.00

SUB/SPOUSE & 1 CHILD \$0.00

\$0.00

FAMILY \$0.00

\$0.00

MEMBER LEVEL

670

ALLOCATION \$999,999.99

MAXIMUM CARRYOVER

DEDUCTIBLE \$999,999.99

RELATED INFORMATION

FIND ☐

FIG. 6B

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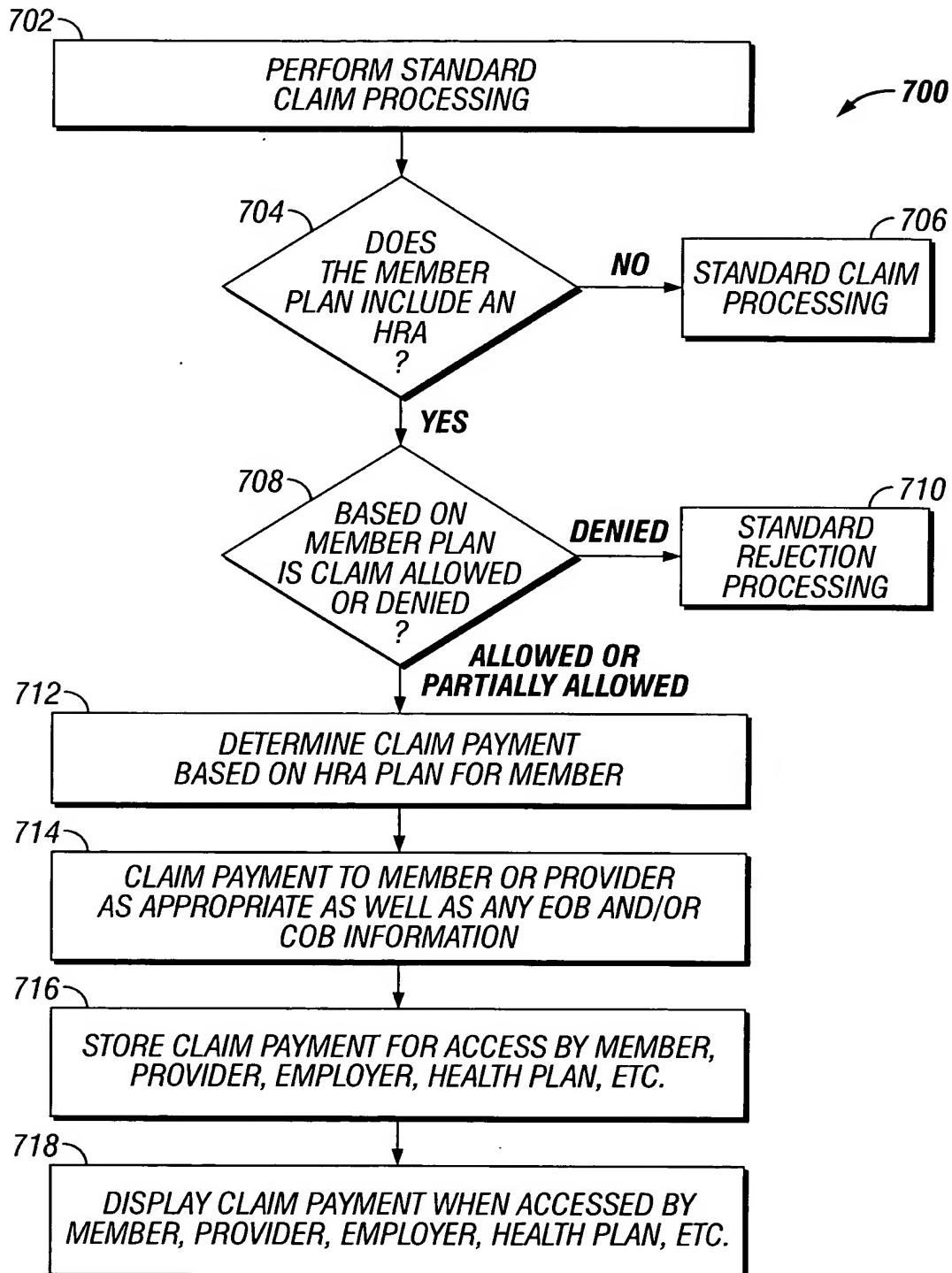


FIG. 7

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800

FACETS - [MEDICAL CLAIMS PROCESSING - UNASSIGNED]		[F][A][C][E][T][S]							
FILE FILTERS ACTIONS VIEW TRANSFER WINDOW HELP									
APPLICATIONS OPEN WORK									
[M] MEDICAL CLAIMS PROCESSING									
[U] UNASSIGNED									
[I] INDICATIVE									
[L] LINE ITEMS									
[N] NOTES									
[A] ATTACHMENTS									
MEDICAL CLAIMS PROCESSING - UNASSIGNED									
[X]									
CLAIM ID		PROVIDER ID	STATUS	NEXT REV DATE	PAYEE				
UNASSIGNED		UNASSIGNED	UNASSIGNED	UNASSIGNED	UNASSIGNED				
TOTAL CHARGE		\$0.00	PATIENT PAID	\$0.00					
FROM	TO	POS	TOS	PROC	DX	CHARGES	UNITS		
---	---								
OVERRIDES		SUB/MEM	COB	MATCH UM	EOB	SIGN/PAYEE			
CLAIM DETAIL		CLINICAL NOTES [DUPLICATE CLAIM]		LINE ITEM	PRICE CALCULATION	PROVIDER DETAIL	SPLIT PAYMENT	UNMATCH DETAIL	AD
CONSD. CHG.		\$0.00		DEDUCTIBLE	\$0.00 ~ 810	DISCOUNT AMT.	\$0.00 ~ 818		
ALLOWED UNITS		0		COPAY	\$0.00 ~ 812	SUPP. DISCOUNT	\$0.00 ~ 820		
ALLOWED		\$0.00 ~ 802		COINSURANCE	\$0.00 ~ 814	COB ADJUSTMENT	\$0.00 ~ 822		
BENEFIT		\$0.00 ~ 804		DISALLOW	\$0.00 ~ 816	WITHHOLD AMT.	\$0.00 ~ 824		
HRA PAID		\$0.00 ~ 806		PATIENT LIABILITY DISALLOW		\$0.00 ~ 826			
FSA PAID		\$0.00 ~ 808		TOTAL PATIENT LIABILITY		\$0.00 ~ 830			
TYPE OF SERVICE				NETWORK INDICATOR					
PLACE OF SERVICE				LINE OF BUSINESS					
PROCEDURE									
DIAGNOSIS									
REFERRAL NO	REFERRAL ID	SOURCE		NONE		WAIVED PREAUTH NO			
PREAUTH NO	PREAUTH ID								
CLAIM TOTALS		CHARGES ALLOWED BENEFIT		DEDUCTIBLE COPAY COINSURANCE DISALLOW		DISCOUNT AMT. SUPP. DISCOUNT COB ADJUSTMENT WITHHOLD AMT.			
RELATED INFORMATION						FIND			
PRESS F7 TO SEARCH...						FACETS\UNSBFABAGP400\UNHDS1200_01			

FIG. 8

900

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FILE

FILTERS

ACTIONS

VIEW

TRANSFER

WINDOW

HELP

APPLICATIONS

OPEN WORK

CLAIMS INQUIRY

ALL

MEDICAL

DENTAL

EOB/REMITTANCE

FSA

CLAIMS INQUIRY - ALL

CLAIMS INQUIRY

ALL

MEDICAL

DENTAL

EOB/REMITTANCE

FSA

CLAIMS INQUIRY: MEDICAL - ALL

SEARCH PARAMETERS

SUBSCRIBER ID/SFX

PROVIDER ID

ROWS DISPLAYED

N/A

N/A

0

MEMBER

PROVIDER

BEGIN

CHARGES

PAID AMOUNT

STATUS

PAID DATE

CLINICAL EDITS

COB

DISALLOW AMOUNTS

EDI INFORMATION

FSA INFORMATION

HOSPITAL INFORMATION

HRA INFORMATION

ITS CLAIM

FROM

TO

POS

TOS

PROCEDURE

DIAGNOSIS

CHARGES

UNITS

CLAIM

CONSIDERED AMOUNT

PAID AMOUNT

TOTAL FAMILY ALLOCATION

FAMILY PAID TO DATE

FAMILY HRA DEDUCTIBLE AMOUNT

FAMILY HRA DEDUCTIBLE SATISFIED TO DATE

TOTAL MEMBER ALLOCATION

MEMBER PAID TO DATE

MEMBER HRA DEDUCTIBLE AMOUNT

MEMBER HRA DEDUCTIBLE SATISFIED TO DATE

CONSIDERED AMOUNT

NONCONSIDERED AMOUNT

DISALLOWED AMOUNT

EXPLANATION

HRA PROCESS INDICATOR

PAID AMOUNT

PROVIDE

SUBSCRIBER

RELATED INFORMATION

FIND

FIG. 9

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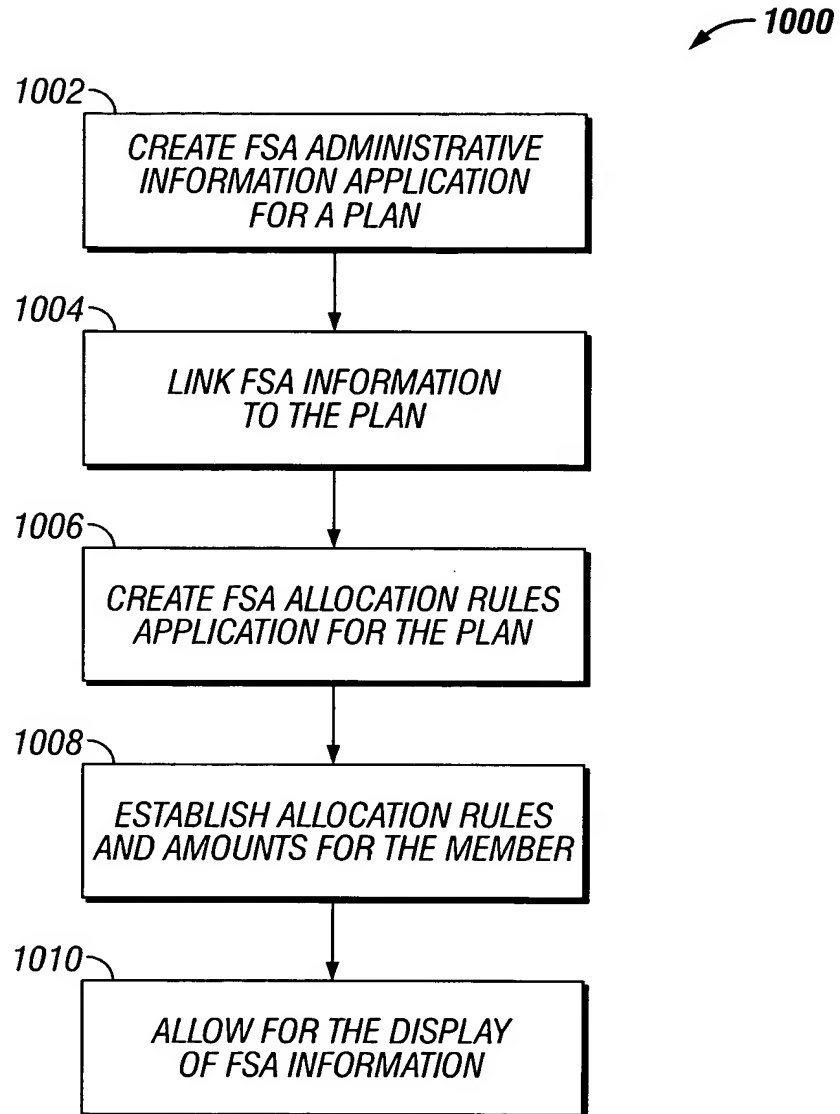


FIG. 10

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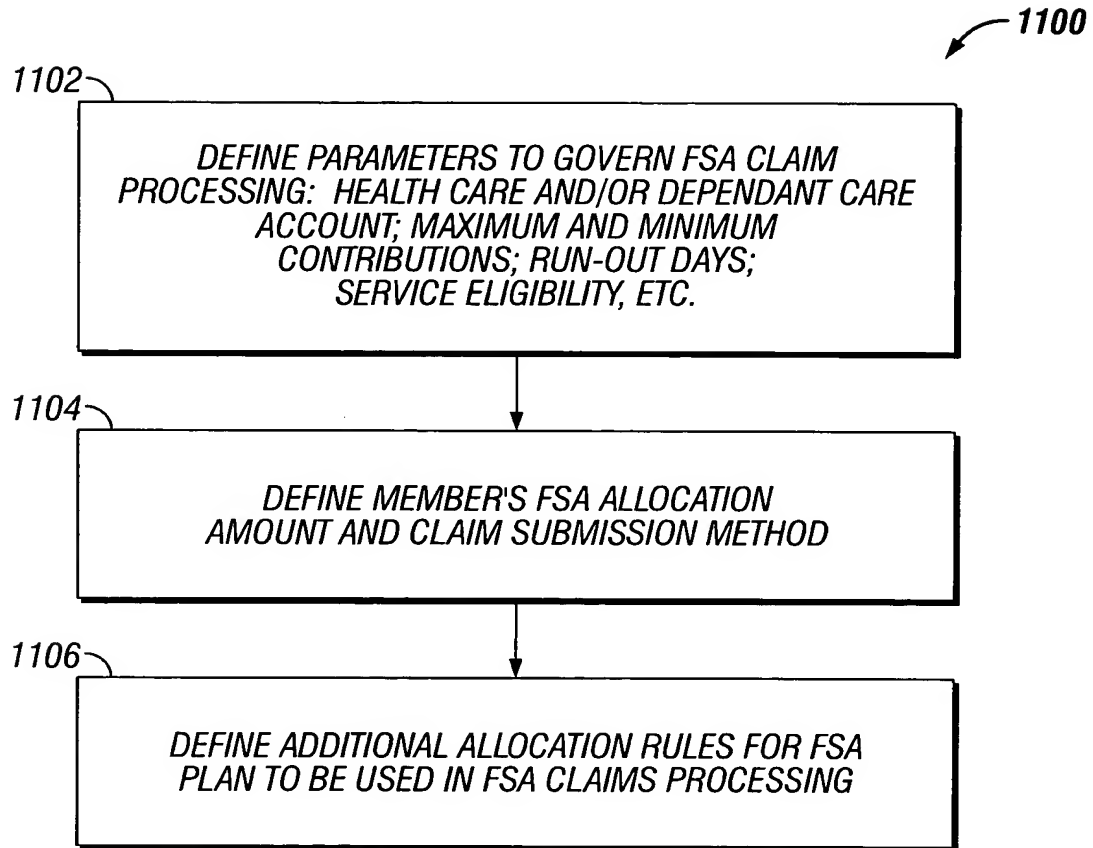


FIG. 11

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1200

1204

FSA ADMINISTRATIVE INFORMATION

EFFECTIVE DATE

TERMINATION DATE

OK

MINIMUM PLEDGE AMOUNT

1202

\$0.00

1208

CANCEL

MAXIMUM PLEDGE AMOUNT

\$999,999.99

1206

HELP

RUNOUT PERIOD

1210

0

DAYS

RUNOUT EXPLANATION CODE

1212

EMPLOYER MATCH TYPE

1216

NO EMPLOYER MATCH

EMPLOYER MATCH AMOUNT/PERCENT

0.00

1218

MAXIMUM AMOUNT

1220

DISALLOW EXPLANATION CODE

1222

FIG. 12

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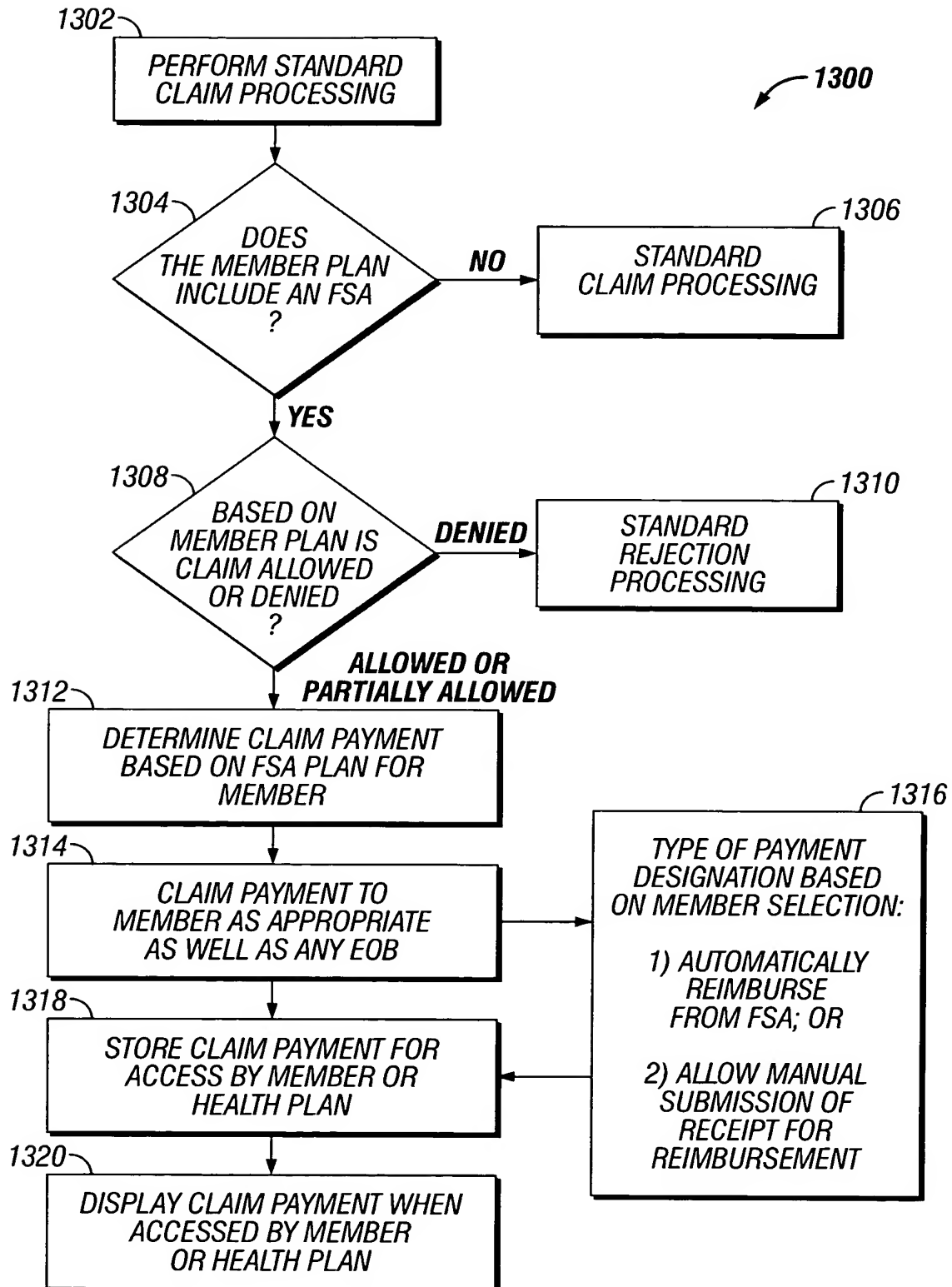


FIG. 13

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1400

FACETS - [CLAIMS INQUIRY - ALL]										[X] [X] [X]	
FILE FILTERS ACTIONS VIEW TRANSFER WINDOW HELP											
APPLICATIONS OPEN WORK											
CLAIMS INQUIRY											
ALL MEDICAL DENTAL EOB/REMITTANCE FSA											
CLAIMS INQUIRY: FSA - ALL											
SEARCH PARAMETERS SUBSCRIBER ID/SFX PROVIDER ID ROWS DISPLAYED											
N/A N/A 0											
MEMBER PROVIDER BEGIN CHARGES PAID AMOUNT STATUS PAID DATE											
1402 1404 1406 1408 1410 1412 1414											
CLAIM INFORMATION LINE ITEM DETAILS OVERRIDES-CLAIM OVERRIDES-LINE ITEMS REMITTANCE STATUS											
FROM EXPENSE CATEGORY CHARGES BENEFIT DIS. EXPL.											
1418											
FROM DATE TO DATE EXPENSE CATEGORY REFERENCE TYPE REFERENCE NUMBER COMMENTS EXPENSE AMOUNT PAID AMOUNT DISALLOWED AMOUNT EXPLANATION											
1420 1422 1424											
LINE NUMBER											
RELATED INFORMATION											
FACETS UNSBFABAGP400 UNHDS1200 01											

1430

FIG. 14